

INDIVIDUAL INACTIVE DUTY TRAINING (IDT) PARTICIPATION RECORD

DATE: _____

NAME: _____ RANK/RATE: _____ SSN: _____

RUIC: _____ UNIT: _____

<u>IDT ORIGINALLY SCHEDULED FOR</u>	<u>IDT PERIOD</u>	HAS BEEN CHANGED TO (or) <u>ADDITIONAL IDT SCHEDULED FOR</u>	<u>IDT PERIOD</u>
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REASON: _____

1st		#	
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<u>IDT ORIGINALLY SCHEDULED FOR</u>	<u>IDT PERIOD</u>	HAS BEEN CHANGED TO (or) <u>ADDITIONAL IDT SCHEDULED FOR</u>	<u>IDT PERIOD</u>
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REASON: _____

2nd		#	
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<u>IDT ORIGINALLY SCHEDULED FOR</u>	<u>IDT PERIOD</u>	HAS BEEN CHANGED TO (or) <u>ADDITIONAL IDT SCHEDULED FOR</u>	<u>IDT PERIOD</u>
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REASON: _____

1st		#	
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<u>IDT ORIGINALLY SCHEDULED FOR</u>	<u>IDT PERIOD</u>	HAS BEEN CHANGED TO (or) <u>ADDITIONAL IDT SCHEDULED FOR</u>	<u>IDT PERIOD</u>
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REASON: _____

2nd		#	
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<u>IDT ORIGINALLY SCHEDULED FOR</u>	<u>IDT PERIOD</u>	HAS BEEN CHANGED TO (or) <u>ADDITIONAL IDT SCHEDULED FOR</u>	<u>IDT PERIOD</u>
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REASON: _____

1st		#	
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REASON: _____

2nd		#	
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COMMENTS

TASKS AND ACCOMPLISHMENTS:

The IDT periods scheduled above are hereby approved.

I certify that a minimum of four hours were performed exclusive of meal for each IDT period.

CO or Designated Representative / Date

Mustering Official / Date

LEGEND:

A - MEMBER ABSENT
P - MEMBER PRESENT

Posted to NSIPS _____ INITIALS
